

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 23 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17135  
Registrar's No. 2025

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3225 St. John  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 14 years  
years, months or days)

3. (a) PRINT FULL NAME Enlo B. Parrish

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Oct. 15, 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 21 If less than one day  
hr. min.

9. Birthplace Rockville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Oiler

11. Industry or business Pratt Whitney Co.

MOTHER FATHER { 12. Name George W. Parrish  
13. Birthplace Dresden Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Talitha Bratton  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Parrish  
(b) Address 3225 St. John  
17. (a) Removal (b) Date thereof May - 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Skedee, Okla.

18. (a) Signature of funeral director C. H. Backman & Son,  
(b) Address Kansas City, Mo.  
19. (a) 5-9-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 St. John  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1944 hour 2 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 5-6-44 to 5-6-44  
that I last saw him alive on 5-6-44 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Duration \_\_\_\_\_  
Neutral Indigestion  
Due to Acute Indigestion  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence None  
(c) Where did injury occur? None (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Inc. at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature Eugene Barbaugh (M. D. or other)  
Address Bayant Bldg 9 Date signed 5-8-44

Dr. Bennington  
Bright Billy

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was enibalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *R. D. Blackman*  
Licensed Embalmer No. *3639*  
P.O. Address..... *R. C. Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**